

POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Public Health Services Business Unit Number: 27500

SECTION I – TYPE OF REQUEST

| Function | Check Applicable | Comments |
|--------------------------------------|---|--|
| Position Update | <input type="checkbox"/> | May require Commissioners Court approval |
| Position Reclassification | <input type="checkbox"/> | May require Commissioners Court approval |
| New Position Request | <input checked="" type="checkbox"/> | Requires Commissioners Court approval |
| Is additional office space required? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

SECTION II – REASON FOR REQUEST

Create new positions for Maternal and Child Health Program.

SECTION III – PROPOSED EFFECTIVE DATE

| | | |
|-------------------------|---|---|
| Proposed Effective Date | <u>03/09/2024</u> | Date must be the beginning of a pay period. For requests requiring Commissioners Court approval, the earliest effective date will be the first pay period after approval. |
| Grant Effective Date | From: <u>08/03/2022</u> To: <u>12/31/2026</u> | |

SECTION IV – POSITION DATA

| Current <i>Use "Pos_List_File" (PCN Download) to complete all fields</i> | | Proposed <i>Complete all fields for a new position or change appropriate field(s) for existing position.</i> | |
|---|--------|---|------------------------------|
| | | Number of Positions | 13 |
| Position Description (Title) | | Position Description (Title-30 Spaces Max) | Community Health Coordinator |
| Job Code Description | | Job Code Description | Coordinator II |
| Position Number | | Position Number (HRRM Use Only) | |
| Company (CS, FC, HC, JV or PA) | | Company (CS, FC, HC, JV or PA) | HC |
| Business Unit | | Business Unit | 27500 |
| Home Department ID Number | | Home Department ID Number | 27540130 |
| Location | | Location | DEFAULT |
| Full Time, Part Time or Temporary | | Full Time, Part Time or Temporary | Full Time |
| Budgeted Hours | | Budgeted Hours | 40.00 |
| Salary Range Maximum | | Salary Range Maximum | \$29.91 |
| FLSA Code | | FLSA Code | N |
| Reports To Position Number | | Reports To Position Number | 10025856 |
| Fund Code | | Fund Code | 2651 |
| Funding Department ID Number | | Funding Department ID Number | 27540130 |
| Account (Same for all Business Units) | 510010 | Account (Same for all Business Units) | 510010 |
| Business Unit PC (Projects or Grants only) | | Business Unit PC (Projects or Grants only) | HC001 |
| Project/Grant (Projects or Grants only) | | Project/Grant (Projects or Grants only) | ARPA_MATERNAL |
| Activity ID (Projects or Grants only) | | Activity ID (Projects or Grants only) | PROGRAM |
| Resource Type (Not currently used) | | Resource Type (Not currently used) | |


Business Unit Approval (Business Unit Head or Designee)

01/31/2024

Date

POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Public Health Services Business Unit Number: 27500

SECTION I – TYPE OF REQUEST

| Function | Check Applicable | Comments |
|--------------------------------------|---|--|
| Position Update | <input type="checkbox"/> | May require Commissioners Court approval |
| Position Reclassification | <input type="checkbox"/> | May require Commissioners Court approval |
| New Position Request | <input checked="" type="checkbox"/> | Requires Commissioners Court approval |
| Is additional office space required? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

SECTION II – REASON FOR REQUEST

Create new position for Maternal and Child Health Program.

SECTION III – PROPOSED EFFECTIVE DATE

| | | |
|-------------------------|---|---|
| Proposed Effective Date | <u>03/09/2024</u> | Date must be the beginning of a pay period. For requests requiring Commissioners Court approval, the earliest effective date will be the first pay period after approval. |
| Grant Effective Date | From: <u>08/03/2022</u> To: <u>12/31/2026</u> | |

SECTION IV – POSITION DATA

| Current <i>Use "Pos_List_File" (PCN Download) to complete all fields</i> | | Proposed <i>Complete all fields for a new position or change appropriate field(s) for existing position.</i> | |
|---|---------------|---|------------------------------|
| | | Number of Positions | 2 |
| Position Description (Title) | | Position Description (Title-30 Spaces Max) | Supervisor, Soc Wkr Maternal |
| Job Code Description | | Job Code Description | Supervisor IV |
| Position Number | | Position Number (HRRM Use Only) | |
| Company (CS, FC, HC, JV or PA) | | Company (CS, FC, HC, JV or PA) | HC |
| Business Unit | | Business Unit | 27500 |
| Home Department ID Number | | Home Department ID Number | 27540130 |
| Location | | Location | DEFAULT |
| Full Time, Part Time or Temporary | | Full Time, Part Time or Temporary | Full Time |
| Budgeted Hours | | Budgeted Hours | 40 |
| Salary Range Maximum | | Salary Range Maximum | 50.40 |
| FLSA Code | | FLSA Code | 1 |
| Reports To Position Number | | Reports To Position Number | 10025856 |
| Fund Code | | Fund Code | 2651 |
| Funding Department ID Number | | Funding Department ID Number | 27540130 |
| Account (Same for all Business Units) | <u>510010</u> | Account (Same for all Business Units) | <u>510010</u> |
| Business Unit PC (Projects or Grants only) | | Business Unit PC (Projects or Grants only) | HC001 |
| Project/Grant (Projects or Grants only) | | Project/Grant (Projects or Grants only) | ARPA_MATERNAL |
| Activity ID (Projects or Grants only) | | Activity ID (Projects or Grants only) | PROGRAM |
| Resource Type (Not currently used) | | Resource Type (Not currently used) | |


Business Unit Approval (Business Unit Head or Designee)

01/31/2024

Date